CERTIFICATION OF HEALTH CARE PROVIDER (for FMLA and/or Short Term Disability)

Instructions:

SECTION 1:

Associate's Name:

The associate must complete Section 1 and, if applicable, Section 3. The health care provider must complete Section 2. Completed forms must be sent to H&R Block, Benefits Department, 4400 Blue Parkway, Kansas City, MO 64130. Inquiries may be directed to (816) 701-4496 Fax: (816) 753-4538 Refer to the Family Medical Leave Policy and Short Term Disability Policy for additional information regarding leave eligibility.

ADRIAN MERAY Corporation:

HTR BLOCK

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To be completed by associate

Separation Transfer Configuration
SECTION 2: To be completed by health care provider
Patient's Name: Adrian Mc Cray
The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act. If the patient's condition qualifies under any of the categories, please check the applicable category.
(1)(2)(3)(4)(5)(6) or None of the above
Medical Facts: Provide the medical facts supporting certification and a brief statement as to how the medical facts meet the criteria for a serious health condition.
Patient was injured in a A.V. A or 11/17/02 and sustained injuries to his neck + back.
Date condition commenced; 14/12/02
Probable duration of condition (and the probable duration of any present incapacity if different); duration of condition (and the probable duration of any present incapacity probably 4 WKs.
Will the patient require time off from work? Yet NoEstimated Date of Return 12/23/02 If yes, will it be necessary for the patient to work intermittently or on a reduced schedule? Please explain, including an estimate of the probable number and interval between treatments, actual or estimated dates of treatment, if known, and period required for recovery, if any: Total Listilly of least 2 where the marke able to return part has the earther probably for a first actual of the season probably.
f the condition is a chronic condition or pregnancy, state whether the patient is presently incapacitated and he likely duration and frequency of episodes of incapacity:
NOV